



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- | | |
|--|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

Section 1

Name to appear on the license: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone number of premises: _____

Section 2 Type of license: (check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | |

Section 3 License Category

- | | |
|---|--|
| <input type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

Section 4 License Class

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: _____

Address: _____

Phone Number: _____

Section 6 Give a full description of the premises to be licensed, including location of all entrances and exits:

6a.

Seating Capacity: _____ Occupancy Number: _____

Section 7

Applicant is an:

() Association () Corporation () Individual
() Partnership () Non-profit corporation () LLC

Section 8 If applicant is an individual or partnership – List for individual or each partner:

Full Name	Home Address	DOB	SSN

8a. Is individual or all partners United States citizens? () Yes () No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old?() Yes () No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Fiscal Year Ends: _____ Date qualified to do business in MA: _____

9a. How many shares of stock are authorized: _____ How many shares are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? () Yes () No
2. Are the majority of directors citizens of Massachusetts? () Yes () No
3. Is the manager or principal representative a U.S. citizen? () Yes () No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
() Yes () No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? () Yes () No. If yes, please respond to the question below.

() As an individual () Jointly _____Name of Realty Trust

_____Name of Corporation

() Other_____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

12a. If a lease or rental, provide the following information: \$_____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending Date of lease _____
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost?

Equipment: \$_____ Furniture: \$_____ Goodwill: \$_____

Inventory: \$_____ License: \$_____ Premise: \$_____

13a. Total Purchase Price: \$_____

13b. Identify below all sources of financing:

Mortgage: \$_____ Seller: \$_____

Cash: \$_____ Other (specify): \$_____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: () Yes () No

If yes, to whom: _____

13e. Will the inventory be pledged: () Yes () No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes () No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes () No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? () Yes () No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes () No
(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes () No

- 15.
- a. Each individual applicant must sign.
 - b. Applications by a partnership must be signed by a majority of the partners.
 - c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 - d. Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.
 - e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this ____ day of _____, 20____.

By: Signature of Full Name

Title
